Force Account Labor Summary

Project Number:			Project Name:						
Local Sponsor:			Billing Period				thru		
Employee Name	Hourly Wage	+	Hourly Benefits	=	Total Wage/Benefits	х	Total Hours	=	Total Amount
								П	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
								Ш	
					Total Force Account	Lab	or		
I hereby certify that the hours that this claim is just and correspond to the second s	ect.	abor :	summaried for the a	abov	e period have been per	form	ned and		
Signature of Project Manager									

Force Account Equipment Worksheet

Operator's Name: Project Name:									
Local Sponsor: Project Number:									
Date	Equipment Used	Rate	х	Total Hours/Miles	=	Total Amount	=	Description of Work Performed	
		<u> </u>	-		Tot	<u>I</u> al			
I hereby certify	that this is an accurate sun	nmary of the eq	uip	ment used by me o	n th	e above dates.			
Employee's Si	anature								
FILIDIO ACC 9 OI	griaturo								

Force Account Equipment Summary

Project Number:	Project Name	•					
Local Sponsor:	Billing Period			thru			
Name of Operator	Equipment Type	Total Hrs/Miles	х	Rate	_=	Amount	
			1				
			1				
			1				
			1				
			1				
				Total			
I hereby certify that the for that this claim is just and	orce account equipment used fo	r the above period has been	perfor	med and			
and state of the past differ							
Signature of Project Man	ager			Date		•	

Force Account Material Use

Project Number:				Project Name:		_		
Local Sponsor:				Bill	ing Period:	thru		
Date	Authorized Employee	Material Used	Qt	х	Price	=	Amount	Facility Constructed
						-		
						-		
						-		
						-		
						-		
			Total					
I verify th	nat the force account material use	ed for the above period is accur	ate and t	hat	this claim is	jus	st and correct.	
Signatur	e of Project Manager						Date	